MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-6)

CERTIFICATE OF DEATH

* 01490

Reg. Dist. No. 61 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

1. PLACE OF DEATH:

County Caroline

City or town Greensboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. River Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Edward C. Blackstone

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Ida L. Blackstone

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) September 26, 1861

8. AGE: Years	Months	Days	If less than one day
85	4	10	hrs. min.

9. Birthplace Near Utica New York

(Town, county and state)

10. Usual occupation Retired Farmer

11. Industry or business Farm

FATHER 12. Name Mills C. Blackstone

13. Birthplace Connecticut

MOTHER 14. Maiden name Elizabeth Fadd

15. Birthplace Rhode Island

16. Informant Alfred Blackstone, Sr.

Address 509 Cathedral Street, Baltimore, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof February 8, 1947 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Hampton and Son

Address Federalsburg, Maryland

19. Feb 6 19 47 L. Mae Lyons Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 19 47, at 9:20 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 20 19 46, to Feb 6, 19 47 and that I last saw h[illegible] alive on Feb 6 19 47

	DURATION
Immediate cause of death Chronic Nephritis	
Due to Toxemia	
Due to	
Due to	
Other conditions Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Stevenson M. D. or Coroner

Address Greensboro Md Date signed Feb 6 1947

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

01491

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:

County: Caroline

City or town: Denton (If outside city or town limits, write RURAL and give nearest town) Md.

How long in above place of death? 50 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Denton Md. (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Charles Henry Bullock

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	widower

6.(b) Name of husband or wife: Jamie Bullock

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 4th 1869

8. AGE: Years 77 Months 3 Days 11 If less than one day hrs. min.

9. Birthplace: Farmington Del. (Town, county, and state)

10. Usual occupation: merchant

11. Industry or business

FATHER 12. Name: William Bullock

13. Birthplace: Del.

MOTHER 14. Maiden name: Susan Thomas

15. Birthplace: Del.

18. Informant: Mrs Lewis Bullock

Address: Denton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-24-47 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton Md.

18. Funeral director: J. Virgil Keene & Son

Address: Denton Md

19. 2 22 1947 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 21 1947 at 11:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1933 to Feb. 21 1947 and that I last saw h[illegible] alive on Jan. 2 1947

Immediate cause of death	DURATION
Chronic Colitis	5 yrs
Due to:	
Arteriosclerosis	5 yrs
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Paul Knotts M.D. M. D. or other

Address: Denton Md Date signed 2/24/47

/-30

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore 93-1

CERTIFICATE OF DEATH

01492

Reg. Diat. No. 630

1. PLACE OF DEATH:
County: Caroline
City or town: Preston
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Preston
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Wm. H. Collins of F.

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lillian B. Collins
B.(c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): May 2, 1875

8. AGE: Years	Months	Days	If less than one day
71	9	6	hrs. min.

9. Birthplace: Caroline (Town, county, and state)
10. Usual occupation: Machinist
11. Industry or business

FATHER
12. Name: F. H. Collins
13. Birthplace: Caroline

MOTHER
14. Maiden name: Martha Sparklin
15. Birthplace: Caroline

16. Informant: Lillian B. Collins
Address: Preston, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 10, 1947 (month) (day) (year)
Cemetery or crematory: M. E. Church
Location: Preston, Md.

18. Funeral director: H. M. Hollis
Address: Preston, Md.

19. 2/10/47 (Date rec'd by registrar) Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 8th 1947 at 5:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Spetmber 18 1937 to February 8 1947 and that I last saw him alive on 2/3.47 19

Immediate cause of death	DURATION
Acute Coronary Occlusion	5 min
Due to: Arteriocleriosis and Hyper tention	15yrs
Due to: Chronic Myocarditis	20 yrs
Other conditions: Osteoarthritis	10 yrs

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Stacy B Plummer M. D. or other
Address: Preston Maryland Date signed: 2/1047

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1-35

01493

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

Reg. Dist. No. 410

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 31 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME David H. Kleaner

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Ada
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 19 1867

8. AGE: Years 79 | Months 7 | Days 25 | If less than one day ..... hrs. ..... min.

9. Birthplace: Springhope Penna (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business
FATHER 12. Name: Michael Kleaner
13. Birthplace: Germany
MOTHER 14. Maiden name: Phebe J. Hull
15. Birthplace: No Record
16. Informant: Mrs. Vera Minner
Address: Greensboro Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/16/47 (month) (day) (year)
Cemetery or crematory: Greensboro
Location: Greensboro, Md.
18. Funeral director: R. B. Rawlings
Address: Greensboro Md.
19. Feb 16 1947 (Date rec'd by registrar) L. MacLeppin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 13 19 47, at 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 12 1947, to Feb 13 19 47
and that I last saw him alive on Feb 12 1947

Immediate cause of death	DURATION
Chronic Myocarditis	1
Due to: Arterio Sclerosis & Chronic Nephritis	
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Leech N Stevenson M.D.
M. D. or other
Address: Greensboro Md. Date signed Feb 15 1947

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

★ 01494

Reg. Diat. No. 410

1. PLACE OF DEATH:
County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr.
Hospital, institution, or street address where death occurred:
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Greensboro Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION) ✓
2.(a) If veteran, name war:

3.(a) FULL NAME: Zadie W. Fogwell

3.(b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fr.	White	Married

6.(b) Name of husband or wife: Sylvester
6.(c) If alive, give age: 84 years

7. Birth date of deceased (mo., day, yr.): March 14 1860

8. AGE: Years	Months	Days	If less than one day
86	11	0	...hrs. ...min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: W. H. Slaughter
13. Birthplace: Maryland
MOTHER 14. Maiden name: Melvina Bowers
15. Birthplace: Del.
16. Informant: Mrs. Earl Comegys
Address: Greensboro, Md.
17. Burial (Burial, cremation, or removal? Which?) Date thereof: 2/17/47 (month) (day) (year)
Cemetery or crematory: Greensboro
Location: Greensboro, Md.
18. Funeral director: Raymond B. Rawlings
Address: Greensboro, Md.
19. Feb 17 1947 (Date rec'd by registrar) L. McLaughlin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 14 19 47 at 1130 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 6 19 47 to Feb 14 19 47
and that I last saw h... alive on Feb. 6 19 47

Immediate cause of death	DURATION
arterio sclerosis	6 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ...Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: ...injured at work?

23. SIGNATURE: S. Paul Knotts MD
Address: Denton Md ...M. D. or other
Date signed: 2/15/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

109

00373

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 3-45-15M

1. PLACE OF DEATH:

County: Caroline

City or town: Greensboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 Months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Greensboro Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Maryona L. Gross

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1, '46

8. AGE: Years | Months 6 | Days | If less than one day hrs. min.

9. Birthplace Easton Talbot Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Fred Gross

13. Birthplace Maryland

MOTHER

14. Maiden name Elizabeth Kennedy

15. Birthplace Maryland

16. Informant Fred Gross

Address Greensboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/4/47 (month) (day) (year)

Cemetery or crematory Mission

Location Negro Greensboro, Md.

18. Funeral director R. B. Rawlings

Address Greensboro, Md.

19. Feb 4 1947 (Date rec'd by registrar) L. McLippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. Jan. 3 1947 at 6A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw h alive on 19

Immediate cause of death	DURATION
Def Not See Chart	
due to Broncho Pneumonia	
Due to Tuberculosis Lung Pneumonia	4 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Simon T. Gross Wash Medical Examiner

Address Denton Date signed 2/3/47

1-35

Evidence for the change of age is claim on -#109 3/.47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

01495

Reg. Dist. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Walter Howard

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	widowed

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 22, 1862

8. AGE Years	Months	Days	If less than one day
84 83	2	2	hrs. min.

9. Birthplace: England (town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
12. FATHER — Name: Charles Howard
13. FATHER — Birthplace: England
14. MOTHER — Maiden name: Hannah Wood
15. MOTHER — Birthplace: England
16. Informant: Mrs. Lacy Murphy
Address: Denton, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 27 1947 (month) (day) (year)
Cemetery or crematory: Concord
Location: Concord Md.
18. Funeral director: J. Virgil Thawley Son
Address: Denton Maryland
19. 2/25 1947 (Date rec'd by registrar) M. S. B. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 24 1947, at 4:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 28 1939 to Feb 24 1947; and that I last saw him alive on Feb. 23 1947

Immediate cause of death	DURATION
Arteriosclerosis	8 years,
Due to	
Due to	
Other conditions: Cerebral Hemmorhage	1939
Cerebral Hemmorhage	1942

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Paul Curtis M.D. M. D. or other
Address: Denton Md Date signed 2/25/47

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-35

Evidence for change
of year of birth
shown on Film D109-3/24/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

★ 01496

CERTIFICATE OF DEATH

Reg. Dist. No. 620

1. PLACE OF DEATH:

County: Caroline

City or town: Near Hobbs, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town:

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME Annie Johnson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Widow

6.(b) Name of husband or wife: James Johnson deceased

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 21st 1867

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
79	5	10		

9. Birthplace: Hobbs, Maryland (Town, county, and state)

10. Usual occupation: at home

11. Industry or business:

FATHER — 12. Name: Ed Pritchett

13. Birthplace: Maryland

MOTHER — 14. Maiden name: unknown

15. Birthplace:

16. Informant: Mrs John D Fisher

Address: Rd Denton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-4-47 (month) (day) (year)

Cemetery or crematory: Spring Grove Cemetery

Location: Denton Md

18. Funeral director: Virgil Moore & Lee

Address: Denton Md

19. 3/4 1947 (Date rec'd by registrar) Wm D O Guest Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 27 1947 at 12:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5 1939 to Feb. 27 1947 and that I last saw h... alive on Feb. 26 1947

Immediate cause of death	DURATION
arteriosclerosis	10 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Paul Trotts MD

M. D. or other

Address: Denton Md Date signed 3/3/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01497

109 B

Reg. Dist. No. 130

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Caroline

City or town: Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 months

Hospital, institution, or street address where death occurred:

Lonestown

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Lonestown

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME: Dianne Murray

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 20, 1946

8. AGE:

Years	Months	Days	If less than one day
	4	7	..... hrs. ..... min.

9. Birthplace: Easton Maryland (Town, county, and state)

10. Usual occupation: Infant

11. Industry or business —

FATHER

12. Name: Gilbert Murray

13. Birthplace: Caroline County, Maryland

MOTHER

14. Maiden name: Marjorie A. Copkins

15. Birthplace: Caroline County, Maryland

16. Informant: Mrs. Marjorie A. Murray

Address: Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: February 28 1947 (month) (day) (year)

Cemetery or crematory: Lonestown Cemetery

Location: Preston, Maryland, R.F.D.

18. Funeral director: J. J. Tramptons and Son

Address: Federalsburg, Maryland

19. March 7 1947 (Date rec'd by registrar) Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 27 1947, at 3 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Congestion of Lungs	2 days
Probably due to Pneumonia	
Due to No Medical attendance	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did Injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Duncan L. Grant M. D. or other

Address: Denton Date signed: 3/26/47

1-35

01498

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Caroline

City or town: Near Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Nettie Lee Pollitt Robinson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	widow

6.(b) Name of husband ~~or wife~~: Wm. H. Robinson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Mar. 4th 1876.

8. AGE: Years: 70 | Months: 11 | Days: 24 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: William Stotler

13. Birthplace: Caroline Co. Md.

MOTHER 14. Maiden name: Catherine Hodgestan

15. Birthplace: Maryland

16. Informant: Mrs. H. Pegg

Address: Rt. 1 Denton, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 2-6-47 (month) (day) (year)

Cemetery or crematory: Greenlawn Cemetery

Location: Near Wilson

18. Funeral director: Albert McCleery

Address: Wilson, Del.

19. 2/4 1947 (Date rec'd by registrar) Wm. H. Pegg Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 4 1947, at 7A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 1946, to Feb 4 1947

and that I last saw her alive on Feb 4 1947

Immediate cause of death	DURATION
Chronic Myocarditis	7 yr.
Due to Arteriosclerosis	3 yr.
Due to	
Other conditions Diabetes Mellitus	4 mo.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Duncan D. Page M. D. or other

Address Denton Date signed 2/4/47

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (79-1)

CERTIFICATE OF DEATH

01499

Reg. Dist. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: Near Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Near Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Henry Schoen

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	Married

6.(b) Name of husband or wife: Marie Anna Schoen
6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): July 12th 1861

8. AGE: Years: 85 Months: 8 Days: 4 If less than one day: hrs. min.

9. Birthplace: Vienna Austria
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: Mathew Schoen
13. Birthplace: Austria

MOTHER 14. Maiden name: Marie [unknown]
15. Birthplace: Austria

16. Informant: Mrs. Wm. Osterneann
Address: Rt 1 Denton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-24-47 (month) (day) (year)
Cemetery or crematory: Hall Cross Cemetery
Location: Near Denton

18. Funeral director: J. Virgil Mann & Son
Address: Denton Md

19. 2/22 1947 (Date rec'd by registrar) M S O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 21st 1947, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h... alive on ..... 19.....

Immediate cause of death	DURATION
Myocarditis Chronic	3 yrs.
Due to: Arteriosclerosis	5 yrs.
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Dawson D. George, M. D. or other
Address: Denton Md. Date signed: 2/22/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS-A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (54)

01500

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Shirley Anne Seth

3.(b) Social Security Number:

4. Sex: F
5. Color or race: Col
6.(a) Single, married, widowed, or divorced:
6.(b) Name of husband or wife:
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Feb 3, 1947
8. AGE: Years | Months | Days: 22 | If less than one day: hrs. min.
9. Birthplace: W. Denton Md. (Town, county, and state)
10. Usual occupation: —
11. Industry or business:
FATHER 12. Name: Sherman Seth
13. Birthplace: Maryland
MOTHER 14. Maiden name: Mildred Thomas
15. Birthplace: Maryland
16. Informant: Sherman Seth Father
Address: Denton Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof: 2-25-47 (month) (day) (year)
Cemetery or crematory: Spring Grove Cemetery
Location: Denton Md.
18. Funeral director: J. Virgil Myers & Son
Address: Denton Md.
19. 2/25/47 19 (Date rec'd by registrar) T. M. D. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 25, 1947, at 4.4 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h alive on 19

	DURATION
Immediate cause of death	
Due to: Probably a premature Child	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Thurman D George Deputy Medical Examiner, M.D. or other
Address: Denton Date signed: 2/25/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

01501

CERTIFICATE OF DEATH

Reg. Dist. No. 630

1. PLACE OF DEATH:
County: Caroline
City or town: Preston (Rural Rfd.)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Preston
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: J. J. Thieroff

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Mary Thieroff
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 17, 1860

8. AGE: Years	Months	Days	If less than one day
86	7	24	..... hrs. ..... min.

9. Birthplace: Defiance, Ohio (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: Michael Thieroff
13. Birthplace: Germany

MOTHER
14. Maiden name: Anna Troeger
15. Birthplace: Germany

16. Informant: E. H. E. Thieroff
Address: Preston, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 12, 1947 (month) (day) (year)
Cemetery or crematory: Jr. Order U. A. M.
Location: Preston, Md.

18. Funeral director: H. M. Hollis
Address: Preston, Md.

19. 2/12 1947 (Date rec'd by registrar) Cornelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 10 1947, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 6 1947, to February 10 1947
and that I last saw h... alive on February 10 1947

	DURATION
Immediate cause of death: Pulmonary Edema	24 hours
Due to: August Cerebral Hemorrhage	4 days
Due to: Chronic Hypertensive Cardiovascular disease.	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Luke B. Plummer M. D. or other
Address: Preston, Md. Date signed 2/12/47

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

01502

Reg. Dist. No. 62d

1. PLACE OF DEATH. -
County: Caroline
City or town: Near Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Near Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Carrie Jacobson Willis

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow

B.(b) Name of husband or wife: Ferdinand E. Wellis
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 16 1872

8. AGE:

Years	Months	Days	If less than one day
74	7	24	..... hrs. ..... min.

9. Birthplace: Norway (Town, county, and state)
10. Usual occupation: at home
11. Industry or business

FATHER
12. Name: John Jacobson
13. Birthplace: Norway

MOTHER
14. Maiden name: Unknown
15. Birthplace: Norway

16. Informant: John Jowpe
Address: Denton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 15, 1947 (month) (day) (year)
Cemetery or crematory: Willmar
Location: Willmar, Minnesota

18. Funeral director: J. Virgil Moore & Son
Address: Denton Md.

19. Feb 13 1947 (Date rec'd by registrar) M. W. Gray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 12 1947 at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 12 1947, to Feb 12 1947 and that I last saw h... alive on Feb. 12 1947

Immediate cause of death	DURATION
Coronary occlusion -	30 min.
Due to: Coronary sclerosis.	3 years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: E. Paul Trotts M.D. M. D. or other
Address: Denton Md. Date signed 2/13/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

2-35